Core Competencies for the Advanced Practice Provider
Entering Urogynecology – An APP Training Guide

This APP Training Guide has been developed to assist practices with hiring and training advanced practice providers (APP) for Urogynecology-focused offices. For the purposes of this document APP is defined as advanced practice providers such as nurse practitioners (NPs), nurse midwives (CNM), and clinical nurse specialists (CNS), as well as physician assistants (PAs).

The majority of APPs who are hired to practice in the field of Urogynecology do not have specific urogynecology experience and require on the job training. Currently a comprehensive training guide does not exist to support the training of APPs. This document was developed to provide a comprehensive approach to training APPs. It is not intended to be used for the purposes of certification.

Training should include observation, reading recommended sources, viewing videos and webinars and demonstration of specific skills in the presence of an experienced colleague (MD or NP/PA). This document provides two resources:

- Training Guide Checklist – This provides an outline of the core competencies for the Urogynecology-focused APP. A resource section is provided for each skill set area.

- Training Guide Evaluation Form – This form utilizes the content from the training guide and creates an evaluation form for the office. The form provides a systematic approach to a competence-based assessment of the individual’s skills. This is a tool that can be used to identify areas for continued professional development.

Acknowledgements: This document was developed by the AUGS Advanced Practice Provider Committee and the AUGS Advanced Practice Provider/Physical Therapist (APP/PT) Community (formerly the Allied Health Special Interest Group).
**GENERAL PROCEDURES**

<table>
<thead>
<tr>
<th>Task</th>
<th>Competence Demonstrated (date/ initial)</th>
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<tbody>
<tr>
<td>Perform general patient assessment, including history and physical examination, document appropriately in the patient medical record</td>
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<tr>
<td>Order, perform, and interpret point-of-care tests, diagnostic, laboratory tests and radiological studies</td>
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<td>Prescribe medications and other therapies</td>
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<td>Consult with or refer to physician and non-physician health care professionals</td>
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<td>Provide written or verbal orders per established collaborative practice agreement, procedures or per communication with the collaborating physician</td>
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<td>Admit and discharge patients in collaboration with the collaborating physician</td>
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<td>Direct provision of comprehensive, non-surgical management of common gynecologic conditions (e.g. age-appropriate periodic screening for gyn-related cancer, abnormal uterine bleeding, pelvic inflammatory disease, menstrual abnormalities, menopausal symptoms, sexual dysfunction, sexually transmitted infections, vulvovaginitis, vulvar dermatoses)</td>
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**SPECIAL PROCEDURES**

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<tr>
<th>Task</th>
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<tr>
<td>[e.g. Procedures that may not be part of prior training and/or are specific to urogynecology or practice]</td>
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Advanced Urogynecologic Pelvic Examination: (genitourinary history, pelvic examination to include assessment of pelvic muscle integrity and function to include prolapse (POP-Q, pain), testing for myofascial pelvic pain neurologic examination; post-void residual; and uroflow assessment).

- Newman, DK, Lowder, JL, Meister, M, Low, LK, Fitzgerald, CM, Fok, CS, Geynisman-Tan, J., Lukacz, ES., Markland, A., Putnam, S., Rudser, K., Smith, AL, Miller, JM, the Prevention of Lower Urinary Tract Symptoms (PLUS)


**APP Training Guide**


**Catheterization including insertion and removal. Management of indwelling (transurethral) catheters**

<table>
<thead>
<tr>
<th>Competence Demonstrated (date/ initial)</th>
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<tbody>
<tr>
<td>Up to Date®: Placement and management of urinary bladder catheters; Transurethral catheter placement: Catheter care</td>
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<tr>
<td>ANA Cauti Prevention Tool</td>
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<tr>
<td>SUNA White Paper</td>
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</table>
### Teaching Intermittent self-catheterization (ISC)


### Competence Demonstrated

(date/ initial)

### Suprapubic Catheter Insertion, Removal and Management

- Up to Date®: Placement and management of urinary bladder catheters: Suprapubic catheter placement: Catheter care.
- [https://www.youtube.com/watch?v=MOv19GaXH7g](https://www.youtube.com/watch?v=MOv19GaXH7g) - Suprapubic Tube and/or Catheter Change, Published May 6, 2014.
- Patient Education Video on Care of SP Catheter - Care of Suprapubic Catheter, PostCare Discharge Patient Education Medical Video; PostCare™ Discharge Series. Published on Nov 9, 2013.

### Competence Demonstrated

(date/ initial)

### Bladder Instillations

- Bladder instillations for IC/BPS: [https://www.ichelp.org/understanding-ic/medical-treatments/bladder-instillations/](https://www.ichelp.org/understanding-ic/medical-treatments/bladder-instillations/)
# Biopsy of Skin Lesion (e.g. Punch/Excisional)

- 2014 UK National Guideline on the Management of Vulvar Conditions When to biopsy, management strategies
- Vulvovaginal Expertise for Complete Women’s Health Care Website: [http://vulvovaginaldisorders.com/](http://vulvovaginaldisorders.com/) (free, sign-in required)

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# Use of a Bladder Diary

- Instructions for completing a 3-day diary, SUFU, [https://sufuorg.com/docs/guidelines/sufu-voiding-diary-faq.aspx](https://sufuorg.com/docs/guidelines/sufu-voiding-diary-faq.aspx)

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# Simple Cystometrogram

- Flexible Cystoscopy Guidelines and Assessment, Flexible Cystoscopy Guidelines & Assessment | The British Association of Urological Surgeons Limited (baus.org.uk)
- Up to Date®: Urodynamic Evaluation of Women with Incontinence Summary and Recommendations; Cystometry; Postvoid Residual Volume; Electrophysiologic Testing; Leak Point Pressure.

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# Urodynamic Studies (uroflow, complex cystometrogram, pressure flow studies, EMG)

- Up to Date®: Urodynamic Evaluation of Women with Incontinence Summary and Recommendations; Cystometry; Postvoid Residual Volume; Electrophysiologic Testing; Leak Point Pressure
- SUNA — Urodynamic Testing Handbook (for purchase)

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# Pessary Fitting, Cleaning and Management


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</table>
### APP Training Guide

- Dr. Teresa Tam demonstrates proper insertion and removal technique and illustrates correct measurement of pessary size. Published Nov 22, 2013.

### Chemical Cauterization of Granulation Tissue and Medical Management and Follow-up

An understanding of chemical cauterization is important for APP who do pessary care and post-op (both acute and long-term) care after vaginal surgery. The resources listed below do not discuss cauterization of vaginal tissue. [https://www.woundsource.com/blog/silver-nitrate-and-wound-care-use-chemical-cauterization](https://www.woundsource.com/blog/silver-nitrate-and-wound-care-use-chemical-cauterization)

### Endometrial Biopsy

- Up to Date® - Endometrial Sampling Procedures; Indications and Contraindications General Procedure Summary and Recommendations; Indications Endometrial Evaluation (Tables); Pipelle and Vabra Instruments (photos).

### Neuromodulation


1. Interpretation and Programming of Implanted Sacral Neuromodulators
   a. [Medtronic InterStim systems video for health care professionals: Sacral Neuromodulation](https://medtronic.com/interstim) | Medtronic
   b. [Axonics SNM therapy video for health care professionals: Sacral Neuromodulation Therapy & Treatment Details](https://axonics.com) | Axonics®
c. Videos available via the AUGS education portal:
   i. Optimizing Surgical Techniques for Sacral Neuromodulation
   ii. Peripheral Nerve Evaluation for Sacral Neuromodulation
   iii. OAB with Emphasis on Neuromodulation


2. Percutaneous Tibial Nerve Stimulation (External)
   c. Urgent PC Procedure: https://www.youtube.com/watch?v=5wn1e5IrPH4 - Urgent PC Treatment Session, Published on Nov 21, 2012
   d. Cleveland Clinic Foundation, Urgent PC, https://www.youtube.com/watch?v=MLDzN9iTaFA – Percutaneous Tibial Nerve Stimulation; Published June 5, 2011
   e. Urgent PC, Laborie, Discover Urgent PC Therapy for Overactive Bladder | Laborie
   f. Nuro System, Medtronic

Anorectal Manometry

- Up to Date® - Motility Testing: When Does it Help?; Anorectal Manometry Summary and Recommendations; Pelvic Floor Dyssynergia (Figures); Causes of Fecal Incontinence (Tables).

Pelvic Floor Electrical Stimulation (intracavity vaginal or anal)


**Pelvic Floor Electrical Stimulation Home Devices:**
- Elitone -- [The Science behind how Elitone works on Pelvic Floor Muscles](#)
- INNOVO -- [How does INNOVO end Bladder Leaks?](#) | Treat Incontinence | INNOVO US – myinnovo

**Behavioral/Conservative/Non-surgical treatment**


**Pelvic Floor Muscle Training/Rehabilitation including Biofeedback**

- [http://www.bcia.org](http://www.bcia.org) (biofeedback certification available through this organization)


### Pelvic Floor Muscle Training Home Devices:
- Iva Pelvic Health System- [https://www.levatherapy.com/women/](https://www.levatherapy.com/women/)
- PERIFIT-Pelvic Floor Trainer- [https://eu.perifit.co/](https://eu.perifit.co/)
- Elvie Trainer, app controlled exerciser (can buy at Walmart)

### Botox injections


### Trigger Point Injection

- Up to Date: Myofascial Pelvic Pain Syndrome in Females: Treatment
- Trigger Point Injection: Tips and Tricks; AUGS PFD Week 2016 Presentation; AUGS Website.
# APP Training Guide

## Paracervical Block

- Up to Date® - Pudendal and Paracervical Block; Paracervical Block (gynecologic); Paracervical Block (obstetrical); Summary and Recommendations; Paracervical Block (Figures); Paracervical Block OBS (Figures).
- [https://www.youtube.com/watch?v=m0EvyHouT00](https://www.youtube.com/watch?v=m0EvyHouT00) – A Physician’s Guide to Paracervical Block; Hologic, Published on Nov 4, 2015.

## Cystoscopy (Cystoscopy can be done by advanced practice providers after training by a mentor)

- AUGS Patient Education Sheet: [Cystoscopy](#)
- Cystoscopy Pathology – An on-demand webinar in the AUGS e-Learning portal.

## First Assist in Operating Room

- Training programs are available to learn first-assist skills.
- Access additional materials via [AUGS e-Learning](#) portal.

## Pharmacological Management

### OAB Resources:

### Genitourinary Syndrome of Menopause Resources:

### Wound Management
- [Up-to-Date: Complications of GYN Surgery](https://www.uptodate.com/contents/comlications-of-gynecologic-surgery)
- [Up-to-Date: Complications of Abdominal Surgical Incisions](https://www.uptodate.com/contents/complications-of-abdominal-surgical-incisions)

### Suturing and Suture and Staple Removal
- [https://www.youtube.com/watch?v=-ZWUgKiBxfk](https://www.youtube.com/watch?v=-ZWUgKiBxfk) 8 Common Suture Techniques for Skin Closure; (Video 34:21, 790MB); J. K. Williams, MPAS, PA-C
- [https://www.youtube.com/watch?v=TFwFMay_cpE](https://www.youtube.com/watch?v=TFwFMay_cpE) Suture Skills Course - Learn Best Suture Techniques
# APP Training Guide

## Observation of Urogynecologic Surgical/ Instrumented Procedures

(To gain in-depth understanding of common Urogynecologic procedures and immediate post-op period, in order to better provide pre- and post-op patient education and management.)

### Topics:
- Midurethral sling; Abdominal, laparoscopic, robotic assisted laparoscopic and vaginal repairs or obliterative procedures.
- Sacral neuromodulation device implant, Stage 1 & 2.
- Intravesical onabotulinumtoxin A injection, urethral bulking procedures, cystoscopy.
- Anal sphincteroplasty, fistula repair.
- Other procedures as applicable

### Resources:

## The ins and Outs of RVUs and Incident-to Billing

- [AUGS Coding Resource Center](https://education.augs.org/URL/RVU) (members only)
- [AUGS Medical Decision Making and Selection of the Appropriate Evaluation and Management (E/M) CPT Codes](https://education.augs.org/URL/2024CodBunWeb)
- Webinar AUGS Education Portal - This webinar discusses the definition of an RVU and how it is calculated. It also discusses the relationship between RVU's and CPT codes, meaningful use, and how to maximize RVU collection. [https://education.augs.org/URL/RVU](https://education.augs.org/URL/RVU)
- Coding for Your Urogynecology Practice: Surgical and Office-based Procedures (On-Demand), [https://education.augs.org/URL/codingforurogyn](https://education.augs.org/URL/codingforurogyn).
Practices may wish to evaluate and document the competences of the APPs in their office. This *Training Guide Evaluation Form* has been developed to provide a systematic approach to a competence-based assessment. The evaluation has been divided into two levels:

- **Level One** – APP is new to urogynecology (up to 2 years’ experience)
- **Level Two** – APP has experience working in a gynecologic/urogynecologist practice (2 plus years’ experience) When **Level Two** is completed, APP would be managing interactions independently, accessing consultation at the discretion of the APP, and/or in accordance with individualized practice guidelines and state-specific regulatory statutes. An APP that has achieved Level Two would focus on maintaining Urogynecology-focused Technical Skills by attending related educational meetings/courses.

## LEVEL ONE

(APP is new to urogynecology, and shadowing mentors and/or co-examining and co-managing patients.)

<table>
<thead>
<tr>
<th>Competency</th>
<th>Date Achieved/Initials</th>
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<tbody>
<tr>
<td><strong>Describe basic abdominal, pelvic, and pelvic floor anatomy, and distinguish abnormal findings.</strong></td>
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<tr>
<td><strong>Describe basic normal lower urinary tract and pelvic floor physiology and functional anatomy.</strong></td>
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<tr>
<td><strong>Describe pathophysiology of stress urinary incontinence (SUI), overactive bladder/urgency urinary incontinence (OAB/UUI), neurogenic lower urinary tract dysfunction, and pelvic organ prolapse (POP).</strong></td>
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<tr>
<td><strong>Describe risk factors, symptoms, expected physical exam findings for SUI, OAB/UUI, POP.</strong></td>
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<tr>
<td><strong>Identify resources to inform clinical urogyn questions (texts, online tools and websites).</strong></td>
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<tr>
<td><strong>Obtain comprehensive urogynecology history from women who report lower urinary tract and pelvic floor symptoms at both new and return visits, including assessment of quality of life and symptom bother.</strong></td>
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<tr>
<td><strong>Perform advanced pelvic and external genitalia examination including neurologic components, POP-Q examination, perineal skin assessment, pelvic muscle evaluation for integrity, function and pain, and vaginal and/or rectal examination as appropriate.</strong></td>
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<tr>
<td><strong>Assess for contributing factors to incontinence, including cognition and mobility.</strong></td>
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<tr>
<td><strong>Perform basic bladder function assessment including uroflow interpretation, post void residual (straight catheter and ultrasound scanner), and appropriate testing for urinary tract infection and hematuria.</strong></td>
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<tr>
<td><strong>List abnormal findings related to pelvic floor symptoms that would indicate need for urgent referral (e.g. unexplained weight loss, bleeding, acute pain, atypical findings).</strong></td>
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<tr>
<td><strong>Formulate basic differential diagnoses for pelvic floor conditions.</strong></td>
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<tr>
<td><strong>Interpret findings and describe basic management options to women with varied levels of education and understanding.</strong></td>
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<tr>
<td><strong>Formulate an initial management plan for uncomplicated pelvic floor disorders, working with each woman to incorporate her values and preferences, and reviewing options at a basic level (behavioral, physical therapies, devices, surgeries).</strong></td>
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</table>
Provide education related to specific lifestyle (dietary, fluid, weight) and behavioral treatments to women with OAB/UUI, SUI, and POP.

Provide evidenced-based dietary and behavioral treatment counseling regarding constipation and bowel dysfunction.

Describe basic pharmacologic management for women with OAB/UUI, SUI, and POP.

Demonstrate ability to use setting’s medical record, including problem lists/coding, visit documentation, order entry and result retrieval and follow-up.

Demonstrate basic understanding of cost-effective care.

Utilize appropriate terminology to describe pelvic floor function.

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<th>LEVEL TWO</th>
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<tr>
<td>(APP is ready to see women without direct oversight but may be reviewing select cases with a mentor.)</td>
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<thead>
<tr>
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<tbody>
<tr>
<td>Demonstrate basic knowledge of abnormal lower urinary tract and pelvic floor anatomy and physiology</td>
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<tr>
<td>Assess bowel dysfunction (stool and symptom history, physical examination, any indicated laboratory testing or imaging, differential diagnosis)</td>
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<tr>
<td>Demonstrate ability to perform or interpret complex urodynamics, anal manometry, pelvic floor physical therapy and biofeedback</td>
</tr>
<tr>
<td>Demonstrate ability to interpret common laboratory results (urine microscopy, urine and vaginal yeast culture and sensitivity, pathology reports) and imaging results</td>
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<tr>
<td>Demonstrate application of basic surgical principles, including informed consent, universal precautions, aseptic technique, and handling of tissue biopsies</td>
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<tr>
<td>Formulate comprehensive patient-centered management plans for women with common comorbidities (e.g. hypertension, diabetes, obesity, mobility-impairment, anxiety/ depression)</td>
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<tr>
<td>Formulate comprehensive patient-centered, management plans with women with recurring or chronic pelvic floor disorders</td>
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<tr>
<td>Describe general algorithms for management of higher-risk findings (e.g. asymptomatic microscopic hematuria, gross hematuria, refractory OAB, underactive bladder/incomplete bladder emptying/urinary retention, chronic constipation, pelvic pain syndromes)</td>
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<tr>
<td>Discuss treatment options, risks and benefits with women and their families, guiding formulation of realistic initial treatment goals and correlated management options</td>
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<tr>
<td>Analyzes and interprets routine and advanced diagnostic and imaging tests.</td>
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<tr>
<td>Formulates a differential diagnosis based on a comprehensive genitourinary assessment, knowledge of age and age-related changes, potential roles of polypharmacy and drug adverse effects, and comorbidities affecting lower urinary tract and pelvic floor function.</td>
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**Counsel**

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<thead>
<tr>
<th>Provide education on behavioral strategies to women with OAB/UUI, SUI, and POP.</th>
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<tr>
<td>Provide pre- and post-operative counseling</td>
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<tr>
<td>Describe pharmacologic treatment options for women with pelvic floor disorders complicated by multiple medication use.</td>
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<tr>
<td>Determine need for consultation, referral, or transfer of women with complex pelvic floor disorders, adverse responses to treatment, or comorbidities.</td>
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<tr>
<td>Monitor own practice outcomes to improve practice.</td>
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<tr>
<td>Participate in patient-safety tracking/quality improvement projects and systems Analysis.</td>
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<tr>
<td>Incorporate cost awareness into clinical decision-making (formulary and generic drugs, tailored diagnostic tests).</td>
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